WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-3-28-35

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAY 27 1936

Do not use this space.

16739

1. PLACE OF DEATH
County St Louis Co Registration District No. 785 File No.
Township Bonhomme Primary Registration District No. 6031 Registered No. 48
City Manchester (No. Manchester Nursing Home St. Ward)

2. FULL NAME John Simonet
(a) Residence, No. 6749 Crest Ave. St., Ward. University City
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Simonet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1846

7. AGE YEARS 89 MONTHS 4 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

FATHER
13. NAME John C. Simonet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Wm Hoelke 6749 Crest Av. University City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE April 22, 1936

19. UNDERTAKER (ADDRESS) Edith E. Ambruster 4234 Manchester Av

20. FILED 4-20- 1936 Agnes C. Kelly Dept Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to April 19, 1936
I last saw him alive on April 18, 1936 Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Bronchopneumonia	Apr 17
Chronic Myocarditis	

Other contributory causes of importance:
Arteriosclerosis
Senility

Name of operation none Date of —
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R R Loving, M. D.
(Address) Ballwin, Mo.

fe. 9100